



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 FEB -3 A10 :40

STATE OF HAWAII
STATE ETHICS COMMISSION

L44
HSCPA

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Tim	L.	537-4308
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 815			533-2739
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC - The Legislative Center			Same as above
MAILING ADDRESS (Street)			FAX
Same as above			Same as above
(City)	(State)	(Zip Code)	
Same as above			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Society of Certified Public Accountants			537-9475
MAILING ADDRESS (Street)			FAX
900 Fort St. Mall, Ste. 850			537-3520
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Kathy Castillo			537-9475
MAILING ADDRESS (Street)			FAX
P.O. Box 1754			537-3520
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96806	

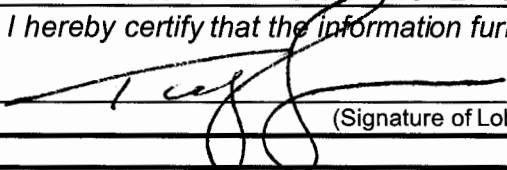
RECEIVED BY U.S. MAIL

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology Economic Developm
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreatio
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate belo
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/29/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT
------	--

Kathy Castillo

Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Society of Certified Public Accountants

537-9475

MAILING ADDRESS (Street)

FAX

900 Fort St. Mall, Ste. 850

537-3520

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

1/18/05
(Date)